

# Attachment Theory

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## Introduction

Attachment theory is a theory of personality development in the context of close relationships. The quality of close relationships is crucial to children's emotional and social development. This knowledge set seeks to explore the main concepts associated with attachment theory and the implications for work of practitioners in Cafcass.

## Attachment theory – Some basic concepts

Attachment theory was first developed by John Bowlby in the post-war period, as Howe (2010, p. 184) explains: *'Under the creative genius of John Bowlby, insights garnered from evolutionary theory, ethology, systems theory and developmental psychology were fashioned over a number of years into what is today known as attachment theory'*. In the subsequent years many researchers have further developed the original ideas of Bowlby across a range of disciplines, with at times critical and contradictory conclusions. However Aldgate and Jones (2006, p. 68) suggest that: *'many contemporary writers on attachment have re-evaluated Bowlby and recognised that his original theory still holds within today's range of lifestyles that embrace family and cultural diversity'*.

## Attachment relationships and bonds

There is often confusion about terms associated with attachment theory. In attachment theory, an attachment is a tie based on the need for safety, security and protection, as Prior and Glaser (2006, p. 15) explain:

*In the relationship between the child and the parent, the term 'attachment' applies to the infant or child and the term 'attachment figure' invariably refers to their primary caregiver. In terms of attachment theory it is incorrect to refer to a parent's attachment to their child or attachment between parents and children. Attachment is therefore not synonymous with love or affection; it is not an overall descriptor of the relationship between the parent and child which includes other parent-child interactions such as feeding, stimulation, play or problem-solving. The attachment figure's equivalent tie to the child is termed the 'caregiving bond'.*

Attachment is a developmental theory providing an understanding of how human beings organise their thinking, feeling, and behaviour in response to danger throughout their lives. The formation and development of attachment relationships continue through the lifespan, so that adult children's relationships with their parents will change and, for example, as adults we both care for and receive care from our partners.

The principle question in looking at the attachments of a particular child is the nature of that attachment; how that child is organising their behaviour, thought and emotional life around the care provided by a parent or carer. The use of terms such as 'close' or 'strong' can be misleading as ways of indicating the quality of the relationship. For example some behaviour interpreted as 'close'

actually reflects the child's insecurity as to their caregiver's availability, and their excessive need for reassurance (Grey, 2005).

## ***Attachment behaviours***

The starting point of John Bowlby's (1969) theory of attachment is an evolutionary one, in that babies are seen as having a biological drive to seek proximity to a protective adult, usually the primary caregiver, in order to survive danger. The goal of this drive for closeness is to feel safe, secure and protected. When feeling in danger or in need infants become physiologically and emotionally aroused and dysregulated. This activates the attachment system, which leads to a range of proximity seeking *attachment behaviours*, including crying and clinging. The goal of attachment behaviour is to seek safety and recover equilibrium. Triggers for attachment behavior can come from within the child (e.g. feeling sick, tired, hungry or hurt); within the environment (e.g. a frightening, threatening or confusing event); within the attachment figure (e.g. uncertainties about the location, behavior, responsiveness or availability of the attachment figure). The child learns about her emotions through repeated reciprocal interactions with caregivers. The presence of a responsive caregiver helps the young child to regulate her feelings so not to become overwhelmed (Daniel *et al*, 2010).

Attachment behavior is related to the exploratory behavioural system in a paradoxical way. When children feel secure enough to explore the world around them attachment behavior will not be activated. Conversely if a child is frightened there will be a concentration on attachment behavior, at the expense of curiosity and exploratory behaviour. An attuned caregiver will actively support a child's exploration, at the same time being available as a secure base, should the child become anxious or fearful. A securely attached child does not only seek comfort from an attachment figure, but through feeling safe to explore develops confidence, competence and resilience. (Schofield and Beek, 2006).

## ***Internal Working models***

Over the first few months of life, babies begin to have a clear sense of where protection, comfort and regulation lie and develop selective attachment figures. A key concept to understanding these early relationships and why they go on to affect subsequent relationships is that of '*internal working models*'. An internal working model is a set of expectations and beliefs about the self, others and the relationship between the self and others, including particular expectations and beliefs about:

- Their own and other people's behaviour
- Whether or not they are loveable and worthy of love
- Whether or not others are available, interested and able to help, protect and support them

Internal working models begin to be formed in early infancy. If, for example, the baby finds that her feelings of hunger and her accompanying crying behaviour results in a prompt response from a loving adult who makes her feel better, she will learn that certain of her behaviours are linked with the positive behaviours of her caregiver. At the same time, she will feel that she is loved and nurtured and that she 'deserves' this response. A more generalised expectation of adults as people who are likely to be there to help and protect also develops over time. At the other end of the

spectrum, a response that is unavailable or cold will lead to an internal working model of the attachment figure as rejecting, the self as unworthy of care, and others as not to be relied on for help and support (Howe, 2010)

The models are termed 'working' models because they are subject to change and development according to differing experiences in relationships over time. Children's internal working models can modify throughout their childhood and into adulthood; however children's behaviours become increasingly organised around their expectations of themselves and others. As they grow older, these expectations tend to influence the way in which others relate to them. Positive and negative cycles of reinforcement are set up. For example, a young person who expects rejection, has low self esteem and a sense of the world as a hostile place can present with behaviours that set up further rejection. Therefore to disconfirm and change children's negative expectations of self and others requires caregivers and other supportive adults who can sustain availability and sensitive responding in the face of apparent hostility and lack of trust.

### ***Dimensions of caregiving behaviour***

A secure base is provided through a relationship with one or more sensitive and responsive attachment figures who meet the child's needs and to whom the child can turn as a safe haven, when upset or anxious. Howe (2001, p. 199) summarises key dimensions of caregiving behavior as being:

*Sensitivity* – how sensitive and attuned to the physical and emotional condition of the child;

*Acceptance/rejection* – the degrees of acceptance or rejection by the caregiver of the child and the demands the child makes of them;

*Co-operation/ interference* – the ability of carers to support and respect their child's autonomy and co-operate with their needs and accomplishments, as opposed to interfering or rejecting behaviours;

*Accessibility/ignoring* – accessible carers remain alert and available to their children. Carers absorbed in their own needs can tend to be inconsistent in their emotional and physical availability.

Modern attachment researchers have stressed the importance for secure attachment and social development of the primary caregivers' capacity to see things from the *child's point of view*, and to *communicate this to the child*. Allen and Fonagy (2006, p.3) have defined this as 'mentalization' and explain that it involves 'attending to states of mind in oneself and others ... holding mind in mind'. The ability to mentalize is considered to be a crucial factor in parental behaviour and thus the formation of our attachment relationships. Steele and Steele (2008) refer to reflective function as mentalization within the context of the attachment relationship. It involves the extent to which the parent is able to accurately consider what the child could be thinking and feeling and their ability to comprehend that their child's experiences are different from their own. Another term used to refer to this concept is 'mind-mindedness'. The ability to mentalize varies within all individuals and it is argued that it is linked to unresolved childhood trauma and loss (Shemmings and Shemmings, 2011).

It can also diminish under situations of severe stress and caregiving responses vary according to context (Fonagy 1999).

## **Attachment Patterns**

Attachment patterns are ways of thinking and behavioural strategies that children develop in order to feel safe and to maximise their opportunities for receiving care and protection from close adults. Different attachment patterns emerge in response to different types of caregiving. Mary Ainsworth (1971) used a combination of observations of caregiving in infancy and a laboratory situation called the Strange Situation to identify secure and two insecure (avoidant and ambivalent) attachment patterns. The Strange Situation involves the infant experiencing a series of brief separations and reunions while their reactions are observed. Later research by Mary Main and Judith Solomon (1986) identified a third insecure attachment pattern, disorganised. The following descriptions by summarise the patterns:

*Avoidant (A) or 'defensive':* When the caregiver finds it difficult to accept or respond sensitively to the child's needs, the child may find that their demands are rejected, their feelings minimised and that the caregiver tries to take over in an intrusive, insensitive way. Although the rejecting caregiver's overall role in providing practical care and protection continues, the child senses that strong displays of attachment behaviour actually decrease their caregiver's availability. The child learns to shut down on her feelings in order to avoid upsetting the caregiver and provoking rejection or intrusion. In order to be more acceptable and increase their caregiver's availability avoidant children become emotionally self-contained. The child is not avoiding a relationship, but avoiding showing feelings in order to maintain some kind of relationship. In later adolescence and adulthood, this pattern of minimising and apparently devaluing feelings and relationships is referred to as *dismissing*.

*Secure (B):* Secure attachment occurs when the child is cared for by available, sensitive and responsive caregivers. Caregivers are in general accepting and co-operative, promoting trust and competence. Such responses allow children to see themselves as both loved and effective at eliciting care and protection. Taking these strengths into childhood the child becomes able to think about and manage thoughts, feelings and behaviour in order to become competent and successful in activities and relationships outside the family. In later adolescence and adulthood, this pattern is referred to as *autonomous*.

*Ambivalent (C) or 'resistant':* If the caregiver is anxious about their own acceptance and preoccupied by the own emotional needs, and responds to the child's demands in a sporadic, unpredictable and at times insensitive fashion, the child finds it difficult to achieve proximity in a reliable way. Care and protection is sometimes available, but the caregiving is *uncertain* and ineffective. Attachment behaviours increase in order to maximize their chances of getting noticed and attended to. The child's greatest fear is being ignored, abandoned and left alone with unmet needs and arousal unregulated. In later adolescence and adulthood, this pattern is referred to as *preoccupied and enmeshed*.

*Disorganised (D)*: Where the caregiver is rejecting, unpredictable and frightening or frightened, the child is caught in a dilemma of 'fear without solution' (Main and Solomon, 1990). Caregivers abdicate the caregiving role, experiencing themselves as out of control and become *hostile/helpless* to protect the child. Children whose caregivers are the direct cause of their distress find it particularly difficult to organize an attachment strategy that increases feelings of safety and reduces feelings of distress. The child's drive to approach the caregiver for care and protection results in fear and increased rather than decreased anxiety. Over time these children learn to rely on themselves for protection to survive emotionally. They have learnt to be in control but also perceive themselves as unloveable. These controlling behaviours usually include role-reversal in which a child acts towards others like a parent might towards a child. These can take the forms of the child being punitively controlling, compulsively caregiving or compulsively self-reliant i.e. not accepting care. However, feelings of anxiety and fear remain unresolved and reappear in sometimes chaotic and destructive forms at times of stress. In later adolescence and adulthood, this pattern is referred to as *unresolved* and may lead to particular challenges as a parent. (Aldgate and Jones, 2006; Prior and Glaser, 2006; Howe, 2010; Shemming and Shemings, 2011).

An insecure attachment, even a disorganised one, does not imply that a child is being maltreated. However the risk of children developing disorganized attachments is highest in the cases of physical abuse; sexual abuse; neglect; parental depression and substance abuse; domestic violence and multiple placements. It is relevant to note that not all attachment theorists agree on the above classifications. Patricia Crittenden developed the Dynamic Maturational Model of Attachment. The DMM uses Ainsworth's ABC patterns of attachment as outlined above in a dimensional rather than categorical way.

Attachment is a dynamic concept, and new experiences and relationships can have an impact on internal working models throughout the life cycle (Rutter and Quinton, 1984). Whilst there are strong associations between early insecure attachment, especially disorganized attachment, and later emotional and behavioural difficulties, many intervening experiences and relationships can influence individuals' working models and their adult state of mind. Insecure attachments modified by later experiences are referred to as '*earned security*'.

Attachment theory in the past has been criticized for being based on Eurocentric notions of caregiving relationships. There have been increasing numbers of studies across different countries and cultural contexts. Aldgate & Jones (2006, p.92) conclude that cross-cultural research has confirmed the importance the richness of its variations within the universal principals of attachment theory. The common thread is that all children need to feel secure in their attachments and that, to achieve this, in all cultures; caregivers develop a sensitive response which is culturally appropriate.

Many factors can impact on attachment organization and caregiving responses. There is research to suggest that child factors can impact on attachment behaviour and organization. Children who are irritable, 'difficult' or who have more demanding care needs place greater stress on their parents (Prior and Glaser, 2006). Stress reduces caregiver's psychological availability and this increases the risk of children developing insecure attachments. Wider contextual factors in parents' lives will also impact on physical and emotional availability and responsiveness. Structural adversities such as

poverty, poor housing, unsafe neighbourhoods, isolation and are all factors that can make sensitive and responsive parenting harder (Hooper *et al.*, 2007).

## **Applying attachment theory in practice:**

### ***Assessing and promoting parenting capacity***

Brandon *et al* (2008) present a dynamic ecological-transactional perspective for assessing parenting capacity within which attachment theory is an important component. Howe (2010, p. 194) argues that attachment '*has to be woven into a dynamic ecological model of children's psychosocial development*'. Developmental outcomes achieved early on through a child's relationships with their primary caregivers will interact and influence later stages. The quality of care and psychological responses provided by parents is also a product of their own developmental and relationship history. To make sense of parents' capacities to care for their children requires consideration of their relationship history, as well as the supports and stresses experienced in their current environment. Kobak *et al.*, (2006, p. 362) explain that:

*'to the extent that the caregiver develops supportive adult relationships and effectively manages stressors, he or she is likely to remain available to the child...Alternatively, a caregiver whose state of mind is characterized by a lack of resolution of trauma may be at increased risk for insecure adult attachments that are a source of stress rather than support...Overwhelmed by contextual stressors and the symptoms of his or her own psychopathology, the caregiver is likely to have much more difficulty maintaining available and responsive care to the child'.*

Most social work assessments will use direct interviews with parents, children and others, as well observation to draw conclusions about a parent or caregiver's capacity to meet a child's needs, including their ability to be psychologically sensitive and emotionally available. However when coming to conclusions about a child's attachment it is most readily observed in situations of perceived danger or threat – when the child is or should be anxious or afraid. Many aspects of a relationship (whether positive or negative) can be observed in non threatening situations without providing much information about attachment, and care is needed in disentangling the information that is most relevant (Grey, 2005).

There are an array of tools for measuring and assessing attachment in children and adults that require specific training, including story stem completion and the Adult Attachment Interview (AAI). Crittenden (2008) cautions against conclusions being made about attachment by professionals untrained in assessing the complex construct, especially if then used to make significant life-changing decisions. Although knowledge about attachment patterns can be extremely useful, they should never be the sole determinants of a legal decision.

In terms of supporting parents and caregivers' capacities to promote secure and responsive care, direct work with the parent and child that involves modeling and feedback can be of use. Supportive and trusting relationships with professionals and others can help promote parents' psychosocial wellbeing, confidence and resilience. There are also specific attachment-based interventions aimed at improving sensitivity, mentalisation and reflective function, emotional attunement and



availability (Prior and Glaser, 2006). Contextual factors also impact of parenting capacity and addressing stressful socio-environmental factors will play a key role in promoting parenting capacity.

## ***Direct work with children***

A key component of the work of family court advisors is to work directly with children to try to understand their world and present their wishes and feelings. As part of this work family court advisors can elicit important information about children's attachment relationships and how these have been affected by loss and/ or trauma through interviews, drawings, play, creative techniques and observations (Corrigan, 2011). In terms of observations of children with caregivers, including during contact sessions, Grey (2006) suggests that practitioners could be, from an attachment perspective, usefully thinking about how the child and caregiver respond to distress or hurt?

- Who does the child seek out support and protection from?
- Is the child monitoring the parent and conforming or caregiving or is the child making a battle out of everything?
- How does the child respond to the observer (particularly if that observer is a stranger)?
- Does the child seek parental support, or does the child initiate and seek to manage interactions with the stranger?
- Reunions and separations at contact sessions can also provide useful information.

Practitioners, however, need to be aware of the dangers of labelling the child in a way that appears to fix them upon an unchangeable path of psychopathology. Concern has been expressed about the over diagnosis of Reactive Attachment Disorder (RAD) in looked after children (Barth et al. 2005).

## ***Understanding separated children's needs***

The children involved with Cafcass, will inevitably have experienced some degree of loss and emotional harm. Aldgate and Jones (2006, p.83) explain that '*loss is the mirror image of attachment*'. Loss of an attachment figure means that the child cannot seek care and protection from that person and at the same time loss brings a heightened sense of fear and the need to respond to this through attachment behaviours. Loss of an attachment figure leaves the child is particularly vulnerable and requires sensitive responses to prevent developmental harm. All separation, even short temporary separations are anxiety provoking for a child. Permanent or long term separation will be necessary to protect some children, but it is always harmful (Grey, 2006)

Many children, especially in public law cases, will have had insecure experiences of attachment and caregiving, including serious neglect and abuse. As a consequence will have developed negative expectations of adults as part of their internal working model of relationships and could transfer these expectations into new environments (such as foster or adoptive families or in residential care), along with the functional patterns of defensive behavior from their past experiences. In these circumstances, children will find it hard to let adults come close enough to establish trusting relationships and provide a secure base. Whilst they require the most sensitive levels of care, they will also be some of the hardest children to care for. If children are subject to further separations,

this will only confirm their insecurity and sense of being unlovable. Increasing substitute carers' understanding of children's past experiences and behavioural responses from an attachment perspective can assist in the development of more emphatic and sensitive responses.

A secure base is a key building block of resilience. Attachment theory would suggest that exposure to warm, consistent and reliable caregiving can change children's previous expectations both of close adults and of themselves and there is ample evidence from research and practice to support this (Schofield and Beek, 2006). The role of adults who can provide secure base caregiving, therefore, is of central importance. They must take on a parenting / caregiving role for the child, but they must also become a *therapeutic* caregiver in order to change the child's most fundamental sense of self and others (internal working model). Schofield and Beek (2006) have developed the 'Secure Base' model for substitute carers, which involves the dimensions of:

- Being available;
- Responding sensitively;
- Accepting the child;
- Co-operative caregiving;
- Promoting family membership

Neil and Howe (2005) suggest that professionals and other adults should aim to help permanently placed children achieve optimum levels of psychological development by helping them to:

- Build a relationship and establish a secure attachment with new carers;
- Resolve feelings of separation and loss;
- Form a coherent sense of self and a clear identity by achieving autobiographical completeness and a sense of genealogical connectedness.

## Summary:

Attachment theory has much to offer in developing an understanding of the behaviour and thinking of children and adults in both public and private law proceedings.

It can assist with assessing parenting capacity and help understand of why a particular caregiver behaves the way they do, in order to assist decision-making and professional interventions. However caution should be taken about definitive 'diagnoses' and attachment theory should not be used as a sole determinant in legal decision-making.

Attachment theory can also help in the exploration and understanding of a child's wishes and feelings, their emotional world and therapeutic needs. However interpreting and understanding a child's wishes and feelings from an attachment perspective must not replace what a child is actually saying. Also Barth et al (2006) suggest that understanding children's internal working models of attachment security can be useful, but need to be seen within a broader set of influences on children's social relationships.



Cafcass practitioners are most likely to work with maltreated children who may disorganised attachment styles in public law proceedings. These children are particularly vulnerable to further rejection and loss and require particularly sensitive caregivers.

Finally Howe (2010, p. 196) reminds us that: *An attachment perspective recognizes that relationships are where things can go wrong in the first place, but equally relationships are generally where things are eventually put right*’.

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